

**MultiCare
Health System**

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October 29, 2007

Washington State Department of Health
Rules and Legislative Program
Attention: Ms. Yvette Fox
PO Box 47852
Olympia, WA 98504-7852

Dear Ms. Fox,

This letter is in response to a request for input regarding the proposal to amend WAC 246-310-010(9). This proposal would change the bed need ratio for nursing home beds from forty beds per one thousand persons age sixty-five or older to forty beds per one thousand persons age seventy or older.

From an acute care setting, it is important to clarify what type of bed this WAC refers to. Typically, our hospital system discharges patients to skilled nursing care facilities, not long-term care facilities. I realize that these different types of beds "skilled versus long-term" are frequently housed within the same facility, often times on different wings. What is not clear to me is if this WAC refers to both types of bed status.

It has been my experience in attempting to place patients from an acute care setting; i.e., a hospital to a skilled nursing facility, that the difficulties arise when the patient is medically and/or psycho-socially complex and/or non or under-insured. For the most part, in Pierce County, we don't experience difficult placements for patients who are relatively medically stable and in need of rehabilitation for a short term prior to returning home. The need arises for available beds and adequate nursing care to provide for complex medical issues (ventilator dependent, MRSA/VRE/TB isolation, TPN, and complex wound or complex IV antibiotic needs).

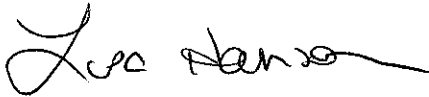
There is also a great need for additional resources to care for our patients with mental health needs. A challenge that hospitals face more and more often, occur when trying to find placements for patients with mental health issues that have medical needs and require skilled care. Frequently it is impossible to place those vulnerable adults into facilities that can meet their needs. The majority of these people require skilled care to meet their initial medical needs, but then the resources available to transition to a long-term care bed when medically appropriate are not available. Many skilled facilities won't accept these patients, not only because of their mental health needs preclude it, but because there is not an adequate, safe discharge plan for them when the acute skilled care is completed.

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My concern with this proposal is that it may limit the future available beds for the most vulnerable, long-term patients. It also could limit competition of new facilities and new beds opening. With this decrease in competition of new beds, would the quality of care also decline because there is less competition and less need to maintain state of the art care and facilities for residents?

Thank you for the opportunity to respond.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Hanson", with a stylized flourish at the end.

Lisa Hanson, RN, BSN, MSM
Interim Director, Care Management
MultiCare Health System